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Manasquan, NJ 08736
Attorneys for Debtor
(732) 751-1766
Joseph M. Casello, Esq.

UNITED STATES BANKRUPTCY COURT
District of New Jersey

In re: : Chapter 13 Case No. 18-12207
Linda M. Shea : Judge: Michael B. Kaplan, U.S.B.J.
Debtor : Hearing Date: August 14, 2018 at 9:00 a.m.

**CERTIFICATION OF LINDA SHEA IN OPPOSITION TO THE MOTION
DISMISS CASE OR IN ALTERNATIVE TO CONVERT CASE TO A CHAPTER 7
PROCEEDING**

Linda Shea, being of full age, does hereby certify to the Court and say:

1. I am the Debtor in the above captioned Chapter 13 bankruptcy proceeding.
2. At the time that I filed my bankruptcy petition, there were two mortgages that encumbered my real property. The first mortgage had a balance of approximately \$15,000.00 and that mortgage has been paid in full since the filing of the bankruptcy case.
3. The movant in this matter, E*Trade Bank, formerly held a second mortgage which is now a first mortgage on my property. When the bankruptcy case was filed, I applied to the Court to participate in a loss mitigation program.
4. On the advice of my son, who had recently been through his own Chapter 13 bankruptcy case, I attempted to communicate directly with SLS Servicing to obtain a loan modification. Attached hereto as Exhibit A is a copy of the packet which I forwarded to SLS via telefax on May 7, 2018 at 5:57 p.m.

5. I did not receive any response to faxed request and I did not communicate with my attorney that I was attempting to secure a loan modification directly with the lender.

6. I hereby request that the Court give me a 90 day extension of the loss mitigation period to allow me to upload the documents through the DMM Portal. I have been making regular adequate protection payments consistent with the loss mitigation order to the mortgage company.

I hereby certify the foregoing statements made by me are true and correct. I understand that if any of the foregoing statements made by me are willfully false, I am subject to punishment.

Date:

8/7/18

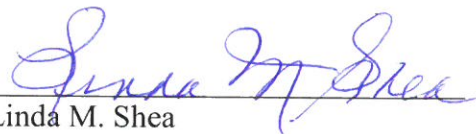

Linda M. Shea

EXHIBIT A

FAX COVER SHEET

TO: Specialized Loan Servicing
DEPT./ATTN: Loan Modification/Loss Mitigation

FROM: Linda Shea
1709 Grove Street
Belmar, NJ 07719

LOAN/ACCOUNT#: 1009963712

FAX #: 877-875-0981

DATE: 5-07-2018

1. Request For Mortgage Assistance
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____
8. _____
9. _____
10. _____
11. _____
12. _____
13. _____



REQUEST FOR MORTGAGE ASSISTANCE

SLS Loan Number: _____

If you are experiencing a financial hardship and need help, you must complete and submit this form along with other required documentation to be considered. You must provide information about yourself and your intentions to either keep or transition out of your property. A description of the hardship that prevents you from paying your mortgage(s); information about all of your income, expenses and financial assets; whether you have declared bankruptcy; and information about the mortgage(s) on your principal residence and other single family real estate that you own. When you sign and date this form, you will make important notifications, representations and agreements, including certifying that all of the information in this form is accurate and truthful.

On this page, you must disclose information about your intentions to either keep or transition out of your home; Primary Borrower and Co-Borrower information; Bankruptcy, SCRA, and credit counseling agency information.

SECTION 1: PROPERTY INFORMATION	
My intent with the property is: <input type="checkbox"/> Keep the property <input type="checkbox"/> Sell the property <input type="checkbox"/> Deed the property back <input type="checkbox"/> Short payoff <input type="checkbox"/> I don't know	
NOTE: SLS will perform an evaluation to determine your eligibility for all available programs offered by your investor.	
The property is currently: <input type="checkbox"/> My primary residence <input type="checkbox"/> A second home <input type="checkbox"/> An investment property	
The property is currently: <input type="checkbox"/> Owner occupied <input type="checkbox"/> Renter occupied <input type="checkbox"/> Vacant	
Do you have a change in circumstance resulting from an increase or decrease in compensation? <input type="checkbox"/> No <input type="checkbox"/> Yes	

SECTION 2: BORROWER INFORMATION	
Primary Borrower	Co-Borrower
Borrower's name <u>Linda Shea</u>	Co-Borrower's name _____
Social security number <u>4158</u>	Social security number _____
Date of birth <u>6/24/47</u>	Date of birth ____/____/____
Home phone number with area code <u>732-749-3111</u>	Home phone number with area code ____-____-____
Cell or work number with area code <u>732-996-4063</u>	Cell or work number with area code ____-____-____
Subject property address (Address requesting assistance for) <u>1709 Grove St., Belmar, NJ 07719</u>	Subject property address (Address requesting assistance for) _____ _____ _____
Primary residence address <u>1709 Grove St., Belmar, NJ 07719</u>	Primary residence address _____ _____ _____
Mailing address (If different than primary residence) <u>Same</u>	Mailing address (If different than primary residence) _____ _____ _____
Employer name <u>NA</u>	Employer name _____ _____ _____
Borrower hire date <u>N/A</u>	Co-Borrower hire date ____/____/____

SECTION 3: BANKRUPTCY, SCRA, AND CREDIT COUNSELING	
Has any Borrower filed for bankruptcy? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Chapter 7 <input type="checkbox"/> Chapter 11 <input type="checkbox"/> Chapter 12 <input type="checkbox"/> Chapter 13	Is any Borrower a Service member? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Is any Borrower receiving hostile pay? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Filing date: <u>2/16/18</u> Case Number: _____	Have you recently been deployed away from your principal residence or recently received a permanent change of station order? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Has your bankruptcy been discharged? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Is any borrower the surviving spouse of a deceased service member who was on active duty at the time of death? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Have you contacted a credit counseling agency for help? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Counselors Name: _____	Counselors Phone Number: _____
Agency's Name: _____	Counselors Email Address: _____
Has the mortgage on your principal residence ever had a Home Affordable Modification Program (HAMP) trial period plan or other permanent modification? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Has any property that you or any Co-Borrower own had a permanent HAMP modification? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "Yes", how many: _____	
Are you or any Co-Borrower currently in or being considered for a HAMP trial period plan on a property other than your principal residence? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	



REQUEST FOR MORTGAGE
ASSISTANCE

SLS Form Number: _____

On this page, you must disclose information about your income, expenses, and household assets. Non-Borrower contributors (Individuals who reside in the property and contribute to household expenses, but is not listed in the promissory note) need to list their income and sign the credit authorization at the bottom of this page.

SECTION 4: BORROWER, CO-BORROWER, AND NON-BORROWER INCOME, EXPENSES, AND DEBTS				
	Primary Borrower Income	Secondary Borrower Income	# 1 Non-Borrower Contributor Income	# 2 Non-Borrower Contributor Income
W2 employed	\$ 0	\$	\$	\$
Self employed	\$ 0	\$	\$ 6,500.00	\$
Unemployed	\$ 0	\$	\$	\$
Alimony * See notice below *	\$ 260.00	\$	\$	\$
Child support * See notice below *	\$ 0	\$	\$	\$
Death / Disability	\$ 0	\$	\$	\$
Pension	\$ 0	\$	\$	\$
Public Assistance	\$ 0	\$	\$	\$
Veterans Administration / Active Duty	\$ 0	\$	\$	\$
Rental property	\$ 800.00	\$	\$	\$
Social Security (SSDI)	\$ 1,357.00	\$	\$	\$
Other Contributor Income	\$ 2,500.00	\$	\$	\$
Total gross income	\$ 4,917.00	\$	\$	\$

* Notice: Alimony, Child support, or Separate maintenance income need not be revealed if you do not choose to have it be considered for repaying this loan*

Monthly Household Expenses							
Liabilities			Additional Living Costs				
1 st mortgage principal and interest (Subject property)	\$ 257.36	Primary Residence Expenses (If not subject)	\$	Medical	\$	Food	\$ 300.00
2 nd mortgage principal and interest (Subject property)	\$ 2367.00	Alimony	\$	Tuition / School	\$	Utilities/ Cable / Internet / Phone	\$ 475.00
Property taxes	\$ escrow	Child support	\$	Car insurance	\$ 81.00	Life Insurance	\$
HOA/Condo/Co-op fee	\$ N/A	Auto payments / Leases	\$	Auto Expenses	\$ 100.00	Clothing	\$ 75.00
Mortgage payments on other properties	\$	Credit Cards / Installment loans	\$ 50.00	Dependent Expenses	\$	Property maintenance	\$
Other Liabilities:			\$ 3674.36	Other Living:			\$ 1031.00
			Total Expenses \$ 4705.36				

Non-Borrower Contributor Credit Authorization			
Individuals who Reside in the property and contribute to household expenses, but is not listed in promissory note			
I authorize Specialized Loan Servicing LLC, here out referred to as SLS, to obtain a consumer credit report. SLS will use the consumer credit report to confirm my residency address and determine whether my income is eligible to support a loan modification. Upon request, SLS will provide me with the name and address of the Consumer Reporting Agency contacted to supply the report. I understand that credit inquiries have the potential to impact my credit score.			
#1 Non-Borrower Contributor Signature:	Date:	#2 Non-Borrower Contributor Signature:	Date:
<i>Michael J Shea</i>	08/07/2018		
Printed Name:		Printed Name:	
Michael J Shea			
Social security number:		Social security number:	

<p>Form 4506-T (Rev. September 2015) Department of the Treasury Internal Revenue Service</p>	<p>Request for Transcript of Tax Return</p> <p><small>*Do not sign this form unless all applicable lines have been completed. *Request may be rejected if the form is incomplete or illegible. *For more information about Form 4506-T, visit www.irs.gov/form4506-T.</small></p>	<p>OMB No. 1545-1872</p>
<p>Tip: Use Form 4506-T to order a transcript or other return information free of charge. See the product list below. You can quickly request transcripts by using our automated self-help service tools. Please visit us at IRS.gov and click on "Get a Tax Transcript..." under "Tools" or call 1-800-908-8946. If you need a copy of your return, use Form 4506, Request for Copy of Tax Return. There is a fee to get a copy of your return.</p>		
<p>1a <u>Linda Shea</u></p>		
<p>2a <u>1709 Grove Street, Belmar, NJ 07719</u></p>		
<p>4 <u>Same</u></p>		
<p>5 If the transcript or tax information is to be mailed to a third party (such as a mortgage company), enter the third party's name, address, and telephone number.</p> <p><u>Specialized Loan Servicing LLC - Attn: Resolution Support - 1-800-388-8082 - 6742 Lucant Blvd., Suite 306, Highlands Ranch, CO 80126 - Fax: 877-876-0991</u></p>		
<p>Caution: If the tax transcript is being mailed to a third party, ensure that you have filled in lines 6 through 9 before signing. Sign and date the form once you have filled in these lines. Completing these steps helps to protect your privacy. Once the IRS discloses your tax transcript to the third party listed on line 5, the IRS has no control over what the third party does with the information. If you would like to limit the third party's authority to disclose your transcript information, you can specify this limitation in your written agreement with the third party.</p>		
<p>6 <u>1040</u></p>		
<p>a Return Transcript, which includes most of the line items of a tax return as filed with the IRS. A tax return transcript does not reflect changes made to the account after the return is processed. Transcripts are only available for the following returns: Form 1040 series, Form 1085, Form 1120, Form 1120-A, Form 1120-H, Form 1120-L, and Form 1120S. Return transcripts are available for the current year and returns processed during the prior 3 processing years. Most requests will be processed within 10 business days. <input checked="" type="checkbox"/></p>		
<p>b Account Transcript, which contains information on the financial status of the account, such as payments made on the account, penalty assessments, and adjustments made by you or the IRS after the return was filed. Return information is limited to items such as tax liability and estimated tax payments. Account transcripts are available for most returns. Most requests will be processed within 10 business days. <input type="checkbox"/></p>		
<p>c Record of Account, which provides the most detailed information as it is a combination of the Return Transcript and the Account Transcript. Available for current year and 3 prior tax years. Most requests will be processed within 10 business days. <input type="checkbox"/></p>		
<p>7 Verification of Nonfiling, which is proof from the IRS that you did not file a return for the year. Current year requests are only available after June 15th. There are no availability restrictions on prior year requests. Most requests will be processed within 10 business days. <input type="checkbox"/></p>		
<p>8 Form W-2, Form 1099 series, Form 1088 series, or Form 5498 series transcript. The IRS can provide a transcript that includes data from these information returns. State or local information is not included with the Form W-2 information. The IRS may be able to provide this transcript information for up to 10 years. Information for the current year is generally not available until the year after it is filed with the IRS. For example, W-2 information for 2011, filed in 2012, will likely not be available from the IRS until 2013. If you need W-2 information for retirement purposes, you should contact the Social Security Administration at 1-800-772-1213. Most requests will be processed within 10 business days. <input type="checkbox"/></p>		
<p>Caution: If you need a copy of Form W-2 or Form 1099, you should first contact the payer. To get a copy of the Form W-2 or Form 1099 filed with your return, you must use Form 4506 and request a copy of your return, which includes all attachments.</p>		
<p>9 <u>12/31/2015 12/31/2016 12/31/2017 1 1</u></p>		
<p>Caution: Do not sign this form unless all applicable lines have been completed.</p>		
<p>Signature of taxpayer(s). I declare that I am either the taxpayer whose name is shown on line 1a or 2a, or a person authorized to obtain the tax information requested. If the request applies to a joint return, at least one spouse must sign. If signed by a corporate officer, 1 percent or more shareholder, partner, managing member, guardian, tax matters partner, executor, receiver, administrator, trustee, or party other than the taxpayer, I certify that I have the authority to execute Form 4506-T on behalf of the taxpayer. Note: For transcripts being sent to a third party, this form must be received within 120 days of the signature date.</p>		
<p><u>Linda Shea</u></p>		<p><u>05-07-2018</u></p>
<p>Sign Here</p>		<p>Phone number of taxpayer on line</p>
<p>For Privacy Act and Paperwork Reduction Act Notice, see page 2.</p>		

Form 4506-T (Rev. 8-2015)

Page 2

Section references are to the Internal Revenue Code unless otherwise noted.

Future Developments

For the latest information about Form 4506-T and its instructions, go to www.irs.gov/form4506. Information about any recent developments affecting Form 4506-T (such as legislation enacted after we released it) will be posted on that page.

General Instructions

Caution: Do not sign this form unless all applicable lines have been completed.

Purpose of form. Use Form 4506-T to request tax return information. You can also designate (on line 5) a third party to receive the information. Taxpayers using a tax year beginning in one calendar year and ending in the following year (fiscal tax year) must file Form 4506-T to request a return transcript.

Note: If you are unsure of which type of transcript you need, request the Record of Account, as it provides the most detailed information.

Tip. Use Form 4506. Request for Copy of Tax Return, to request copies of tax returns.

Automated transcript request. You can quickly request transcripts by using our automated self-help service tools. Please visit us at IRS.gov and click on "Get a Tax Transcript..." under "Tools" or call 1-800-908-9945.

Where to file. Mail or fax Form 4506-T to the address below for the state you lived in, or the state your business was in, when that return was filed. There are two address charts: one for individual transcripts (Form 1040 series and Form W-7) and one for all other transcripts.

If you are requesting more than one transcript or other product and the chart below shows two different addresses, send your request to the address based on the address of your most recent return.

Chart for individual transcripts (Form 1040 series and Form W-2 and Form 1099)

If you filed an individual return and lived in:

Alabama, Kentucky, Louisiana, Mississippi, Tennessee, Texas, a foreign country, American Samoa, Puerto Rico, Guam, the Commonwealth of the Northern Mariana Islands, the U.S. Virgin Islands, or A.P.O. or F.P.O. address

Internal Revenue Service
RAVS Team
Stop 6716AUSC
Austin, TX 73301

512-460-2272

Alaska, Arizona, Arkansas, California, Colorado, Hawaii, Idaho, Illinois, Indiana, Iowa, Kansas, Michigan, Minnesota, Montana, Nebraska, Nevada, New Mexico, North Dakota, Oklahoma, Oregon, South Dakota, Utah, Washington, Wisconsin, Wyoming

Internal Revenue Service
RAVS Team
Stop 37106
Fresno, CA 93659

550-406-7227

Connecticut, Delaware, District of Columbia, Florida, Georgia, Maine, Maryland, Massachusetts, Missouri, New Hampshire, New Jersey, New York, North Carolina, Ohio, Pennsylvania, Rhode Island, South Carolina, Vermont, Virginia, West Virginia

Internal Revenue Service
RAVS Team
Stop 6705P-6
Kansas City, MO 64999

816-792-6102

Chart for all other transcripts

If you lived in or your business was in:

Mail or fax to:

Alabama, Alaska, Arizona, Arkansas, California, Colorado, Florida, Hawaii, Idaho, Iowa, Kansas, Louisiana, Minnesota, Mississippi, Missouri, Montana, Nebraska, Nevada, New Mexico, North Dakota, Oklahoma, Oregon, South Dakota, Texas, Utah, Washington, Wyoming, a foreign country, American Samoa, Puerto Rico, Guam, the Commonwealth of the Northern Mariana Islands, the U.S. Virgin Islands, or A.P.O. or F.P.O. address

Internal Revenue Service
RAVS Team
P.O. Box 9841
Mail Stop 6734
Ogden, UT 84408

801-620-6922

Connecticut, Delaware, District of Columbia, Georgia, Illinois, Indiana, Kentucky, Maine, Maryland, Massachusetts, Michigan, New Hampshire, New Jersey, New York, North Carolina, Ohio, Pennsylvania, Rhode Island, South Carolina, Tennessee, Vermont, Virginia, West Virginia, Wisconsin

Internal Revenue Service
RAVS Team
P.O. Box 145500
Stop 2800 F
Cincinnati, OH 45250

859-669-3592

Line 1a. Enter your employer identification number (EIN). If your request relates to a business return. Otherwise, enter the first social security number (SSN) or your individual taxpayer identification number (ITIN) shown on the return. For example, if you are requesting Form 1040 that includes Schedule C (Form 1040), enter your SSN.

Line 3. Enter your current address. If you use a P.O. box, include it on this line.

Line 4. Enter the address shown on the last return filed if different from the address entered on line 3.

Note: If the addresses on lines 3 and 4 are different and you have not changed your address with the IRS, file Form 8822, Change of Address. For a business address, file Form 8822-B, Change of Address or Responsible Party—Business.

Line 6. Enter only one tax form number per request.

Signature and date. Form 4506-T must be signed and dated by the taxpayer listed on line 1a or 2a. If you completed line 5 requesting the information be sent to a third party, the IRS must receive Form 4506-T within 120 days of the date signed by the taxpayer or it will be rejected. Ensure that all applicable lines are completed before signing.

CAUTION You must check the box in the signature area to acknowledge you have the authority to sign and request the information. The form will not be processed and returned to you if the box is unchecked.

Individuals. Transcripts of jointly filed tax returns may be furnished to either spouse. Only one signature is required. Sign Form 4506-T exactly as your name appeared on the original return. If you changed your name, also sign your current name.

Corporations. Generally, Form 4506-T can be signed by: (1) an officer having legal authority to bind the corporation; (2) any person designated by the board of directors or other governing body; or (3) any officer or employee on written request by any principal officer and attested to by the secretary or other officer. A bona fide shareholder of record owning 1 percent or more of the outstanding stock of the corporation may submit a Form 4506-T but must provide documentation to support the requester's right to receive the information.

Partnerships. Generally, Form 4506-T can be signed by any person who was a member of the partnership during any part of the tax period requested on line 6.

All others. See section 6103(e) if the taxpayer has died, is insolvent, is a dissolved corporation, or if a trustee, guardian, executor, receiver, or administrator is acting for the taxpayer.

Note: If you are heir at law, next of kin, or beneficiary you must be able to establish a material interest in the estate or trust.

Documentation. For entities other than individuals, you must attach the authorization document. For example, it's could be the letter from the principal officer authorizing an employee of the corporation or the letters testamentary authorizing an individual to act for an estate.

Signature by a representative. A representative can sign Form 4506-T for a taxpayer only if the taxpayer has specifically delegated this authority to the representative on Form 2848, line 5. The representative must attach Form 2848 showing the delegation to Form 4506-T.

Privacy Act and Paperwork Reduction Act Notice. We ask for the information on this form to establish your right to gain access to the requested tax information under the Internal Revenue Code. We need this information to properly identify the tax information and respond to your request. You are not required to request any transcript; if you do request a transcript, sections 6103 and 6109 and their regulations require you to provide this information, including your SSN or EIN. If you do not provide this information, we may not be able to process your request. Providing false or fraudulent information may subject you to penalties.

Routine uses of this information include giving it to the Department of Justice for civil and criminal litigation, and state, the District of Columbia, and U.S. courts, universities and possessions for use in administering their tax laws. We may also disclose this information to other countries under a tax treaty, to federal and state agencies to enforce federal nontax criminal laws, or to federal law enforcement and intelligence agencies to combat terrorism.

You are not required to provide the information requested on a form that is subject to the Paperwork Reduction Act unless the form displays a valid OMB control number. Books or records relating to a form or its instructions must be retained as long as their contents may become material in the administration of any Internal Revenue law. Generally, tax returns and return information are confidential, as required by section 6103.

The time needed to complete and file Form 4506-T will vary depending on individual circumstances. The estimated average time is: Learning about the law or the form, 10 min.; Preparing the form, 12 min.; and Copying, assembling, and sending the form to the IRS, 20 min.

If you have comments concerning the accuracy of these time estimates or suggestions for making Form 4506-T simpler, we would be happy to hear from you. You can write to:

Internal Revenue Service
Tax Forms and Publications Division
1111 Constitution Ave. NW, IR-6526
Washington, DC 20224

Do not send the form to this address. Instead, see *Where to file* on this page.



REQUEST FOR MORTGAGE ASSISTANCE

SLS Loan Number: _____

On this page, all Borrowers and Co-Borrowers (listed in the promissory note) who are in this form need to review and sign the Borrower and Co-Borrower acknowledgment agreement.

SECTION 8: BORROWER AND CO-BORROWER ACKNOWLEDGMENT AGREEMENT

I certify, acknowledge, and agree to the following:

1. I certify that all of the information in this Request for Mortgage Assistance is truthful and the hardship that I have identified contributed to my need for mortgage relief.
2. I understand and acknowledge the accuracy of my statements may be reviewed by the servicer, owner or guarantor of my mortgage, their agent(s), or an authorized third party, and I may be required to provide additional supporting documentation. I will provide all requested documents and will respond timely to all servicer, or authorized third party, communications.
3. I understand and acknowledge that knowingly submitting false information may violate Federal and other applicable law.
4. I understand and acknowledge if I have intentionally defaulted on my existing mortgage, engaged in fraud or misrepresented any fact(s) in connection with this request for mortgage relief or if I do not provide all required documentation, the servicer may cancel any mortgage relief granted and may pursue foreclosure on my home and/or pursue any available legal remedies.
5. I understand and acknowledge that the servicer is not obligated to offer me assistance based solely on the representations in this document or other documentation submitted in connection with my request.
6. I understand and acknowledge that I may be eligible for a trial period plan, repayment plan, or forbearance plan. If I am eligible for one of these plans,
 - a. I agree that all the terms of this Acknowledgment and Agreement are incorporated into such plan by reference as if set forth in such plan in full.
 - b. I agree that my first timely payment under the plan will serve as acceptance of the terms set forth in the notice of the plan sent by the servicer.
 - c. I agree that the servicer's acceptance of any payments under the plan will not be a waiver of any acceleration of my loan or foreclosure action that has occurred and will not cure my default unless such payments are sufficient to completely cure my entire default under my loan.
 - d. I agree that payments due under a trial period plan for a modification will contain escrow amounts. If I was not previously required to pay escrow amounts, and my trial period plan contains escrow amounts, I agree to the establishment of an escrow account and agree that any prior waiver is revoked. Payments due under a repayment plan or forbearance plan may or may not contain escrow amounts. If I was not previously required to pay escrow amounts and my repayment plan or forbearance plan contains escrow amounts, I agree to the establishment of an escrow account and agree that any prior escrow waiver is revoked.
7. I certify that a condemnation notice has not been issued for the property.
8. I authorize the servicer or authorized third party will obtain a current credit report on all borrowers obligated on the Note.
9. I understand and acknowledge that the servicer or authorized third party will collect and record personal information that I submit in this Borrower Response Package and during the evaluation process. This personal information may include, but is not limited to: my name, address, telephone number, my Social Security number, my credit score, my income, and my payment history and information about my account balances and activity. I understand and consent to the servicer or authorized third party, as well as any investor or guarantor disclosing my personal information and the terms of any relief or foreclosure alternative that I receive to the following:
 - a. Any investor, insurer, guarantor, or servicer that owns, insures, guarantees, or services my first lien or subordinate lien (if applicable) mortgage loan(s) or any companies that perform support services to them.
10. I consent to being contacted concerning this request for mortgage assistance and all other matters concerning my loan at any e-mail address or cellular or mobile telephone number I have provided to the Servicer, whether provided in this Request for Mortgage Assistance or provided previously to the Servicer in relation to my loan account, or that I may provide to the Servicer during or after the loss mitigation evaluation process, in relation to my loan. This includes manual or auto-dialed text messages and telephone calls (including those made by an automated dialer) to my cellular or mobile telephone.

Borrower Signature: 	Date: 05/07/2018	Co-Borrower Signature: 	Date: / /
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BORROWER <input type="checkbox"/> I do not wish to furnish this information Ethnicity: <input type="checkbox"/> Hispanic or Latino <input checked="" type="checkbox"/> Not Hispanic or Latino Race: <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input checked="" type="checkbox"/> White Sex: <input checked="" type="checkbox"/> Female <input type="checkbox"/> Male	CO-BORROWER <input type="checkbox"/> I do not wish to furnish this information Ethnicity: <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino Race: <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> White Sex: <input type="checkbox"/> Female <input type="checkbox"/> Male
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REQUEST FOR MORTGAGE ASSISTANCE

SLS Loan Number: _____

This page lists the hardship affidavit which outlines the reason for your financial situation and the supporting documentation that is required to be submitted with this form.

SECTION 7: HARDSHIP AFFIDAVIT	
Date Hardship Began: <u>October 2013</u>	
I believe my situation is:	
<input type="checkbox"/> Short term (under 6 months) <input type="checkbox"/> Medium term (6-12 months) <input type="checkbox"/> Long term (Greater than 12 months)	
If your hardship is:	Then the required hardship documentation is:
<input type="checkbox"/> Unemployment <input type="checkbox"/> Reduction in income <input type="checkbox"/> Increase in housing expense	<input type="checkbox"/> No Hardship Documentation Required.
<input type="checkbox"/> Divorce or legal separation	<input type="checkbox"/> Divorce Decree filed by the court; OR <input type="checkbox"/> Separation agreement signed by the court; OR <input type="checkbox"/> Current credit reporting evidencing divorce or separation; OR <input type="checkbox"/> Recorded quitclaim deed evidencing that non-occupying Borrower has surrendered rights to property.
<input type="checkbox"/> Death of a Borrower or death of either the primary or secondary wage earner in the household	<input type="checkbox"/> Death certificate; OR <input type="checkbox"/> Obituary or newspaper article reporting the death. <input type="checkbox"/> Documentation identifying the executor of the Estate
<input type="checkbox"/> Long-Term or permanent disability; serious illness of a Borrower/ Co-Borrower or dependent family member	<input type="checkbox"/> Proof of monthly insurance benefits or government assistance; OR <input type="checkbox"/> Written statement or other documentation verifying disability or illness; OR <input type="checkbox"/> Doctor's certificate of illness or disability; OR <input type="checkbox"/> Medical bills. * None of the above shall require providing detailed medical information.
<input type="checkbox"/> Disaster (natural or man-made) adversely impacting the property or Borrower's place of employment	<input type="checkbox"/> Insurance claim; OR <input type="checkbox"/> Federal Emergency Management Agency grant or Small Business Administration loan; OR <input type="checkbox"/> Borrower or Employer Property located in a federally declared disaster area.
<input type="checkbox"/> Distant employment transfer/relocation	For active duty service members: <input type="checkbox"/> Notice of permanent change of station (PCS) or actual PCS orders. For employment transfers / new employment: <input type="checkbox"/> Copy of signed offer letter or notice from employer showing transfer of new employment location; OR <input type="checkbox"/> Pay stub from new employer * In addition to the above, documentation on the amount of relocation assistance (not applicable to active military).
<input type="checkbox"/> Business Failure	<input type="checkbox"/> Tax return the previous year (signed with all schedules); AND <input type="checkbox"/> Proof of business failure supported by one of the following: o Bankruptcy Filing for business; OR o Two months of recent bank statements for the business account evidencing cessation of business activity; OR o Most recent signed and dated quarterly or year-to-date profit and loss statement
Other: a hardship not covered above Please list hardship reason:	<input type="checkbox"/> Written and signed explanation detailing the hardship with supporting documentation.

Self-employed income	<input type="checkbox"/> Most recent, signed, and dated quarterly (at least 3 months) or YTD profit and loss <input type="checkbox"/> Business Tax Returns with all schedules
Rental income	<input type="checkbox"/> Mortgage statement for rental property and primary residence <input checked="" type="checkbox"/> Lease agreement for rental property <input type="checkbox"/> Most recent Bank statements with rental income identified <input type="checkbox"/> Most recent, signed, and complete individual Tax return with Schedule E
Benefit income	<input checked="" type="checkbox"/> Award letter <input type="checkbox"/> Most recent Bank statements with benefit income identified
Alimony or child support * See notice below *	<input type="checkbox"/> Divorce decree <input type="checkbox"/> Bank statement with alimony / child support income identified
Unemployment income	<input type="checkbox"/> Unemployment benefits statement
Other income	<input type="checkbox"/> Award letter / Statement of income <input type="checkbox"/> Most recent Bank statements with "other" income identified

* Notice: Alimony, Child support, or Separate maintenance income need not be revealed if you do not choose to have it be considered for repaying this loan*

N/A SECTION 6: OTHER PROPERTIES OWNED							
Property Address (Enter "V" for vacant, "S" for second home, "R" for rented, or "P" for primary)	Property is: (V, S, R, or P)	Gross monthly rent:	Monthly mortgage payment:	Insurance, taxes, misc.	HOA:	Net rental income	Loan Servicer's name
		\$	\$	\$	\$	\$	
		\$	\$	\$	\$	\$	
		\$	\$	\$	\$	\$	
	Totals	\$	\$	\$	\$	\$	

HP LaserJet MFP M130fn

Fax Confirmation

May-7-2018 6:04PM

Job	Date	Time	Type	Identification	Duration	Pages	Result
1282	5/ 7/2018	5:57:26PM	Send	18778750981	6:37	8	OK

FAX COVER SHEET

TO: Specialized Loan Servicing
DEPT/ATTN: Loan Modification/loss mitigation
FROM: Linda Shea
1709 Grove Street
Bulmar, NJ 07719
LOAN/ACCOUNT#: 1009963712
FAX#: 877-875-0981
DATE: 5-07-2018
1. Request For Mortgage Assistance
2.
3.
4.
5.
6.
7.
8.
9.
10.
11.
12.
13.